POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	An G		10/1/99
O.I.P.E. CLASSIFIER		8	10-6-99
FORMALITY REVIEW	59523		10-15-99

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
−	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date							
Final	Original	7/9/02	3/31/03	2/17/04					
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here